Return by: March 30, 2014

Return to: Dan Werner
DNR Waste & Materials Management
PO Box 7921, WA/5
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State of Wisconsin
Department of Natural Resources

2013 MATERIALS RECOVERY FACILITY SELF-CERTIFICATION

Form 4400-164   Rev. 2-14

NOTICE: This form is authorized by s. NR 544.16, Wis. Adm. Code. Completion of this form is required, except where stated on the form or in the instructions, if a materials recovery facility serves as a component of a responsible unit's effective recycling program. Personally identifiable information will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis. Stats].

For help completing this form, refer to instructions at:
http://dnr.wi.gov/topic/Recycling/documents/MRFAnnualSelfCertInstructions.pdf.

Materials Recovery Facility Name
MRF Street Address
City, State, ZIP

SECTION 1: FACILITY AND CONTACT INFORMATION

Provide the contact information for your facility's operator and primary contact person (if different from the operator). **Please note that the operator should be the person in charge of the facility who is authorized to sign this form.**

Facility Operator Name	**Primary Contact Name** ☐ **Check if same as operator**
Title	Title
Telephone Number **Best Way to Contact** ☐ Phone ☐ Email	Telephone Number **Best Way to Contact** ☐ Phone ☐ Email
Mailing Address – Street, Route, or PO Box	Mailing Address – Street, Route or PO Box
City, State, ZIP Code	City, State, ZIP Code
Email address	**Email address**

SECTION 2: PROGRAM INFORMATION

A. Materials Accepted

Check the boxes for materials your facility accepts. Note there are three lists of possible materials. Please indicate all the materials on each of the lists that your facility accepted. If you regularly stored a material outside, check the "Yes" box following the material name.

1. What materials did your facility accept? (Check all that apply)

Table 1 Materials Accepted

Material	Stored outside?	Material	Stored outside?
☐ Newspaper	☐ Yes	☐ Plastic containers #1 & #2	☐ Yes
☐ Corrugated cardboard	☐ Yes	☐ Plastic containers #3 - #7	☐ Yes
☐ Magazines	☐ Yes	☐ Foam polystyrene packaging	☐ Yes
☐ Residential mixed paper	☐ Yes	☐ Glass containers	☐ Yes
☐ Aluminum containers	☐ Yes	☐ Non-residential office paper	☐ Yes
☐ Steel/Bi-metal (tin) containers	☐ Yes	☐ Cartons – gable top/aseptic	☐ Yes

Other Regulated Materials Accepted

Material	Stored outside?	Material	Stored outside?
☐ Waste Tires	☐ Yes	☐ Fluorescent lamps	☐ Yes
☐ Waste Oil	☐ Yes	☐ Major appliances	☐ Yes
☐ Oil Filters	☐ Yes	☐ Lead Acid Batteries	☐ Yes
☐ Electronics	☐ Yes		

Other Materials Accepted

Material	Stored outside?	Material	Stored outside?
☐ Carpet	☐ Yes	☐ Plastic bags	☐ Yes
☐ Cooking oil	☐ Yes	☐ Scrap metals	☐ Yes
☐ Food waste (residents)	☐ Yes	☐ Scrap wood/wood furniture	☐ Yes
☐ Mattresses	☐ Yes	☐ Textiles	☐ Yes
☐ Non-bottle plastic containers	☐ Yes	☐ Yard waste	☐ Yes
☐ Other rigid plastics	☐ Yes		

B. Material Sources

Provide information on Wisconsin sources from which your facility received the materials you checked above. Attach additional sheets if necessary. Use the list of RUs available at: http://dnr.wi.gov/wastemgmt/wm/wmexternal/ShellReportViewer.aspx?RID=30. If you are both a MRF and an RU, please be sure to include your own RU in one of the lists.

1. Did you accept recyclable materials hauled by single households or haulers that transport fewer than 20 tons per year? ☐ Yes ☐ No

2. List any responsible units (RUs) served under contract by your MRF during the previous calendar year.

RU name	Municipal Code

3. To the best of your ability, list any RUs your MRF served on a regular basis during the previous calendar year that were not under contract (i.e., materials arrived through a transfer station or private hauler).

RU name	Municipal Code

C. Material Handling Capacity and Processing

Provide information on your facility's operations related to the materials you checked in section 2A.

1. What is the **average number of tons** of recyclables processed per day at your facility? 1. _____ tons

2. What is the **maximum** number of tons of recyclables your facility **could** process per day? 2. _____ tons

You are currently using _____ % of your capacity (#1 / #2 * 100)

3. How are materials received at your facility? (Check all that apply)

☐ Dual stream – containers separated from fiber

☐ Single stream – containers & fiber commingled and NOT separated by blue bag or other packaging

☐ Source separated

☐ Other   Describe: _____

4. How are materials sorted at your facility? (Check all that apply)

☐ Air classification   ☐ Workers extract materials off moving sorting line or conveyor

☐ Grates or screens   ☐ Workers extract materials off tipping floor

☐ Magnetic separation   ☐ Other   Describe:

☐ Optical classification   _____

5. How are materials processed at your facility? (Check all that apply)

☐ Baled   ☐ Shredded or ground

☐ Compacted

6. What is your facility's covered storage capacity (in square feet)?   _____ sq. ft.

7. What is your facility's exposed storage capacity (in square feet)?   _____ sq. ft.

D. Operational Procedures

1. What measures does your facility take to maintain materials in marketable condition [s. NR 544.16(1)(c)]?

2. What procedures does your facility use to prevent nuisance conditions [s. NR 544.16(3)(a)12.]?

3. What procedures does your facility use to minimize the amount of residual materials sent for disposal [s. NR 544.16(3)(a)14.]?

4. If your facility accepts waste tires, what procedures do you use to store and manage them [ss. NR 544.16(3)(a)11. and 12.]?

SECTION 3: MATERIALS PROCESSING

Provide information on the tons of recyclable materials your facility received, processed on-site, shipped off-site for processing and sent for disposal during the previous calendar year. Provide information for recyclable materials received from Wisconsin sources ONLY.

A. Materials Received

Provide information on the tons of recyclables your facility received **from Wisconsin sources only** during the previous calendar year. These should be total tonnages from two sources: **residential** (including single- and multi-family residences) and **non-residential** (businesses/institutional/ commercial). If you had loads for which the sources are unknown (e.g., from transfer stations), enter those in the **'unknown'** category.

Include ONLY tons of the following materials:

Newspaper	Plastic containers #1 & #2
Corrugated cardboard	Plastic containers #3 - #7
Magazines	Foam polystyrene packaging
Residential mixed paper	Glass containers
Aluminum containers	Non-residential office paper
Steel/Bi-metal (tin) containers	Cartons – gable top and aseptic

1. How many tons did your facility receive from Wisconsin **residential sources**?   1. _____ tons

2. How many tons did your facility receive from Wisconsin **non-residential sources**?   2. _____ tons

3. How many tons did your facility receive from Wisconsin sources you cannot accurately identify as residential or non-residential?   3. _____ tons

TOTAL tons recyclables received (sum of #1-3):   _____ **tons**

4. Briefly describe the methods used to allocate tons to residential, non-residential and unknown sources.

5. Does your facility have a DNR approved Low Hazard Exemption for Glass? Yes/No
If yes, date the exemption was approved: _____
List approved alternative uses and tons of processed glass used for each approved use.

B. Materials Processed On-site and Shipped to End Markets

Provide information on the tons of processed recyclables your facility shipped to end markets during the previous calendar year. For the purposes of this form, **end markets include brokers, beneficial use applications and material-specific processors or end users that further prepare a commodity (e.g., plastics) for manufacturing or other end uses.**

Depending on your operations, you can report tonnages by large categories (e.g., Glass containers – all mixed) or more detailed breakdowns (e.g., tons of glass containers by color). **If possible, please provide the more detailed breakdown, because this allows us to have a better idea of recycling markets.** Be careful not to double-count--don't report a breakdown of different glass colors and then enter those tonnages on the mixed glass line as well. If you did not ship a particular material, enter a "0" in the tons column.

Category	Material	Tons Shipped
	Green glass containers	
	Amber (brown) glass containers	
	Flint (clear) glass containers	
	Other single color glass containers	
	Glass containers – all mixed (not included above)	
	TOTAL GLASS (sum of all glass entered above)	
Metal	Aluminum containers	
	Steel/bi-metal (tin) containers	
	Metal containers – all mixed (not included above)	
	TOTAL METAL (sum of all metal entered above)	
Plastic	Foam PS packaging	
	Plastic containers #1 – bottles only	
	Plastic containers #1 – except bottles	
	Plastic containers #1 – all mixed (not included above)	
	Plastic containers #2 – natural color only	
	Plastic containers #2 – colored only	
	Plastic containers #2 – all mixed (not included above)	
	Plastic containers #1 & #2 – all mixed (not included above)	
	Plastic containers #3 thru #7 – all mixed	
	Plastic containers #1 thru #7 – all mixed (not included above)	
	TOTAL PLASTIC (sum of all plastic entered above)	
Paper	Corrugated cardboard	
	Non-residential office paper	
	Residential office paper	
	Cartons – gable top and aseptic	
	Newspapers	
	Magazines	
	Newspapers and magazines mixed (not included above)	
	Paper – all mixed, except cardboard (not included above)	
	TOTAL Paper (sum of all paper entered above)	

Total tons processed by the MRF   **_____tons**

C. Materials Sent Off-site for Processing

Provide information on the tons of Wisconsin recyclables your facility sent off-site for processing at another MRF during the previous calendar year. Any materials included in 3B should NOT be included in this section.

1. Did your facility send recyclables off-site for processing during the previous calendar year?   ☐ Yes   ☐ No

2. If yes, how many tons did your facility send off-site for processing?

Material	Tons	Shipped to: (Processor name)	City/State
Co-mingled containers			
Co-mingled fiber			
Co-mingled recyclables (i.e., single stream)			

TOTAL tons shipped to other MRFs: _____

D. Materials Sent for Disposal

Provide information on the tons of materials your facility sent for disposal during the previous calendar year. **This includes contaminated recyclables, non-recyclables that arrive in recycling loads, residuals generated by your operations, and other materials that cannot be recycled.** It does NOT include general trash/garbage or materials sent to a landfill for use within the landfill footprint (e.g., glass for road beds)—enter those tons in section 3B.

1. How many tons of material (residuals, contaminants and other discards from recycling operations) did your facility send to a landfill or incinerator for disposal during the previous calendar year?   _____ tons

E. Summary Information

Review for accuracy the totals from sections A, B, C and D. (Note: these will be calculated internally)

Total recyclables received (Total from Section 3A):	**1.** _____ **tons**
Total processed recyclables shipped (Total from Section 3B):	2. _____ tons
Total recyclables shipped off-site for processing (Total from Section 3C):	3. _____ tons
Total materials sent for disposal (Section 3D):	4. _____ tons
Total materials leaving the MRF (sum of 2, 3 and 4):	**5.** _____ **tons**

% of materials received that left the MRF during previous calendar year (line 5 / line 1 *100)   **_____ %**

% of materials received sent for disposal during previous calendar year (line 4 / line 1 * 100)   **_____ %**

F. Waste Tires

Provide the information below only if your facility handled tires.

1. How many tons of waste tires did your facility receive during the previous calendar year? _____ tons

2. How many tons of waste tires did your facility ship off-site during the previous calendar year? _____ tons

SECTION 4: CERTIFICATION

A. Assurances

Check "Yes" if the statement is true.

☐ Yes
☐ No
The storage capacity of this facility is adequate to maintain the quality and quantity of recyclable materials for markets [s. NR 544.16(3)(a)9.].

☐ Yes
☐ No
The processing capacity of this facility is adequate to accommodate the anticipated quantities of recyclable materials that will be received [s. NR 544.16(3)(a)11.].

☐ Yes
☐ No
This facility produces recovered recyclable materials in accordance with market quality specification [s. NR 544.16(3)(a)15.].

☐ Yes
☐ No
The owner or operator of this facility maintains accurate records to document the types and quantities of recyclable materials processed and marketed for all responsible units using the facility, and those records will be made available for inspection upon request by the DNR [s. NR 544.16(3)(a)16.].

☐ Yes
☐ No
The owner or operator of this facility provides by February 1 of each year sufficient information so that a responsible unit can comply with the reporting requirements under s. NR 544.10(2)(d), Wis. Adm. Code, and uses sampling methods or measurements acceptable to the DNR [s. NR 544.16 (3)(a)17.].

☐ Yes
☐ No
This facility does not store recyclable materials in wetlands, as defined in s. NR 500.03(258), Wis. Adm. Code [s. NR 544.16(3)(a)18.].

☐ Yes
☐ No
The owner and operator of this facility complies with the disposal and incineration prohibitions under s. 287.07 (1m) to (4), Wis. Stats. [s. NR 544.16(3)(a)20.].

☐ Yes
☐ No
This facility has been and will continue to be maintained and operated in conformance with the information submitted upon initial self-certification or upon subsequent notification of change to the DNR [s. NR 544.16(4)(a)].

B. Certification

☐ I hereby certify that I am the duly authorized operator of this facility and that, to the best of my knowledge and belief, the information contained on this form is correct, true and complete.

Print/Type Name of Facility Operator	Signature of Facility Operator	Date Signed